

# CITY OF ANNISTON

## Petition for Zoning Amendment

The undersigned respectfully requests the Anniston Planning Commission to consider the following request for an amendment to the Anniston zoning ordinance:

1. NATURE OF REQUEST:

- \_\_\_\_\_ Change in district boundary (rezoning)  
\_\_\_\_\_ Change in zoning regulations (text change)

2. LOCATION OF PROPERTY (if applicable):

- \_\_\_\_\_ Location map and legal description are attached

3. ADJACENT PROPERTY OWNERS:

- \_\_\_\_\_ A list of all adjacent property owners and addresses is attached

4. PLEASE ATTACH A BRIEF EXPLANATION OF THE REASON FOR THE REQUEST

I, the undersigned, fully understand that the filing of this application and the payment of the filing fee of \$50.00 shall, in no way, constitute approval of this application. The filing fee is to be used to defray administrative expenses incurred in conjunction with this application. There shall be no refund of the filing fee under any circumstances. I also understand that I will be responsible for the payment of costs associated with the publication of a minimum of 3 legal notices in the local newspaper.

APPLICANT SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

PROPERTY OWNER NAME (IF DIFFERENT): \_\_\_\_\_

PROPERTY OWNER ADDRESS AND PHONE: \_\_\_\_\_

ADDRESS OF PROPERTY TO BE REZONED: \_\_\_\_\_

OFFICE USE ONLY			
Hearing Date: _____	Hearing Time: _____	Case Number: _____	
Received By: _____	Receipt #: _____	Date Rec'd: _____	
Proposed Change: _____	District Boundary (From _____ to _____) Regulations (Section _____)		
Action Taken: _____	RECOMMEND APPROVAL _____	DISAPPROVED _____	
	CONDITIONAL APPROVAL _____ (conditions attached)	TABLED/POSTPONED _____	
Secretary: _____	Chairman: _____		
City Council Action Taken: _____	APPROVED _____	DENIED _____	ORD. # _____ DATE _____